The tables in this file are for continuation of tables in the application if you need additional space.

Only submit pages that you use to continue tables from the application.

Do not submit blank pages with your application.

If using pen, use BLACK ink ONLY and print clearly.

Thank you

Name	Date of Birth		Home Addr	ess	% of Direct Interest	Title/Position
Full Name: Please check one: QSCE or Personal or Business Disclosure attached		Address: City: Country:	State:	ZIP:		
Full Name: Please check one: QSCE or Personal or Business Disclosure attached		Address: City: Country:	State:	ZIP:		
Full Name: Please check one: QSCE or Personal or Business Disclosure attached		Address: City: Country:	State:	ZIP:		
Full Name: Please check one: QSCE or Personal or Business Disclosure attached		Address: City: Country:	State:	ZIP:		
Full Name: Please check one: QSCE or Personal or Business Disclosure attached		Address: City: Country:	State:	ZIP:		
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Full Name: Please check one: QSCE or Personal or Business Disclosure attached		Address: City: Country:	State:	ZIP:		
Full Name: Please check one: QSCE or Personal or Business Disclosure attached		Address: City: Country:	State:	ZIP:		
Full Name: Please check one: QSCE or Personal or Business Disclosure attached		Address: City: Country:	State:	ZIP:		

-			ABLE Z			
Name of Affiliate/Affiliated Company		Addres	s	% Direct Interest in Licensee	Authorized Representative	Position
	Address:					
	City:	State:	ZIP:			
	Country:					
	Address:					
	City:	State:	ZIP:			
	Country:					
	Address:					
	City:	State:	ZIP:			
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	Country:					
	Address:					
	City:	State:	ZIP:			
	Country:					

Name of Other Persons as Identified in the Statement Above	Date of Birth or N/A		Addr	ess of Person	% of Direct Interest
Name:		Address: City: Country:	State:	ZIP:	
Name:		Address: City: Country:	State:	ZIP:	
Name:		Address: City: Country:	State:	ZIP:	
Name:		Address: City: Country:	State:	ZIP:	
Name:		Address: City: Country:	State:	ZIP:	
Name:		Address: City: Country:	State:	ZIP:	
Name:		Address: City: Country:	State:	ZIP:	
Name:		Address: City: Country:	State:	ZIP:	
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Name:		Address: City: Country:	State:	ZIP:	
Name:		Address: City: Country:	State:	ZIP:	
Name:		Address: City: Country:	State:	ZIP:	
Name:		Address: City: Country:	State:	ZIP:	

	IABLE 4	
Name, Address, and Telephone Number of Public Agency	Type of Regulation	License No. or Other Identifying No.
<u> </u>		

Name, Address, and Telephone Number of Licensing Authority	Date of Action

F		IABLE 0		
Name, Address, and Telephone Number of Jurisdiction	Date of Action	Amount Paid	Disposition (Paid/Contested)	Reason for Penalty

Type of Gambling Operation	Position Sought or Held	Name, Address, and Telephone Number of Licensing Agency (Including State, County, or Municipality)	Disposition (Granted, Pending, or Denied)	If Issued - Provide License/Permit Number

Date of Filing	Name and Address of Court:	Case Number:	Disposition:

Taxing Agency	Type of Tax	Date of Taxing Period (MM/YY)	Amount

IABLE 10							
Name of candidate/ office holder	Office sought/held	Date	Amount	Method of payment	Intermediary, if any		
Last Name:				Į			
First Name, MI:							
Last Name:							
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Last Name:							
First Name, MI:							

Name Of Official/Officer	Title	TABLE		s Address	Telephone Number
Last Name:		Address:			
First Name, MI:		City:	State:	ZIP:	()
Last Name:					
First Name, MI:		Address: City:	State:	ZIP:	()
Last Name:					
First Name, MI:		Address: City:	State:	ZIP:	()
Last Name:					
First Name, MI:		Address: City:	State:	ZIP:	()
Last Name:					
First Name, MI:		Address: City:	State:	ZIP:	()
Last Name:		2.1,1			
First Name, MI:		Address: City:	State:	ZIP:	()
Last Name:		Oity.	Otate.	ZII .	
First Name, MI:		Address: City:	State:	ZIP:	()
Last Name:		J.i.y.	<u> </u>		
First Name, MI:		Address: City:	State:	ZIP:	()
Last Name:					
First Name, MI:		Address: City:	State:	ZIP:	()
Last Name:		J.i.y.	<u> </u>		
First Name, MI:		Address: City:	State:	ZIP:	()
Last Name:		Oity.	Olulo.		
First Name, MI:		Address: City:	State:	ZIP:	()
Last Name:		J.,	Ciaio.	<u></u>	
First Name, MI:		Address: City:	State:	ZIP:	()
Last Name:		, ,			
First Name, MI:		Address: City:	State:	ZIP:	()
Last Name:		J.i.j.	Ciaio.	- 11 .	
First Name, MI:		Address:	State:	ZIP:	()
,		City:	State:	ZIP:	

Network	D-4: : f	IABLE 12		_	<u> </u>
Nature of charge or arrest	Date of charge or arrest	Name & address of court involved	Disposition	Date	Felony or misdemeanor